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Cover:
Children with learning disabilities and other forms of intellectual handicaps are being helped by the new Child Study Center. For the story, please turn to page 2.

Why can't Johnny read?

or write? or even run and play like normal children? These questions are being answered at the new Child Study Center which specializes in the problems of the intellectually handicapped

Special educator at Child Study Center assesses the child's learning potential.

Johnny is a handsome, well-developed five-year-old. Yet, he is unable to skip or hop or even hold a pencil correctly. He can count to ten, but he can't print his name. Even though his speech is slow, he talks in logical, well-constructed sentences. His college educated parents are aware that their son is "different." Johnny, the youngest of three children, has inherited some of the same problems his father had when he was growing up.

Bobby is nine. Presently, he is attending a special, nongraded school. He appears to be doing fairly well in his studies, but his teachers think he could be accomplishing more. His best subject is reading, but he has a hard time with math. He also has difficulty writing his name. He doesn't know his right hand from his left, and he is unable to identify his ankles and his elbows. Bobby's IQ is borderline, and he has a past history of hydrocephalus and strabismus.

Patty, now four and a half, didn't sit up until she was fourteen months old. Her father died of cancer when she was two, and since then she has refused to be separated from her mother. She displays no interest in toys, preferring instead to play in a sink filled with water. She speaks only a few words and usually babbles to communicate her wants. She is not toilet trained. Patty is mentally retarded.

While the real identities of Johnny, Bobby, and Patty have been concealed, they are, nevertheless, actual case histories from the files of the new MCV/VCU Child Study Center. The center, which opened in November, represents a wedding of resources from both the university's MCV and Academic campuses. Its aim is to bring together the talents of a multidisciplinary team of specialists to bear upon the problems of children possessing various neurointellectual deficiencies.

According to the director of the Child Study Center, Dr. Ronald B. David, associate professor of pediatrics at MCV, the center is primarily concerned with a "group of children whose basic problem is an intellectual handicap."

There are a number of reasons why children do not learn. Environmental factors, such as cultural deprivation and poor teaching, are sometimes among the causes. However, as Dr. David, a pediatric neurologist, explains, the Child Study Center is primarily "concerned with basic brain function, or nonfunction, as it contributes to learning problems."

These intellectually impaired children, according to Dr. David, are not insignificant in number. He estimates that approximately twenty percent of the entire childhood population may have some form of intellectual handicap, ranging from learning disabilities to mental retardation. Some seven percent of these children, he suggests, are severely incapacitated.

His concern for this segment of the childhood population led Dr. David and his colleagues at MCV/VCU to create the area's first center specializing in the

Marjorie Brownstein gives a visual memory test.

Learning disabilities often are caused by visual perception problems.

training of professionals to work with the neurointellectually handicapped as well as in the diagnosis and treatment of such disorders. Joining him in the effort are a biocommunicologist and a speech/language pathologist, developmental and behavioral psychologists, physical and occupational therapists, and special educators. As the Child Study Center expands, Dr. David hopes to involve other disciplines from within the university, such as nursing and social work. He also anticipates a cooperative arrangement with the State Health Department's Bureau of Child Health, which will integrate additional resources in child development, developmental psychology, nutrition, and nursing.

At the present time the Child Study Center staff is evaluating some four children a week. And while the facility, a newly refurbished townhouse at 1107 East Clay Street, could serve more children, the intention is for the center to remain small, handling probably no more than ten children a week. Preference will continue to be given to children who have been evaluated previously and who have complex problems.

Although the specialists evaluate a spectrum of children who have delayed mental development, emphasis is upon those children identified as having "learning disabilities," the mildest form of neurointellectual handicap.

"We like to avoid using labels, but in the general scheme of things, 'learning disabilities' usually refers to children whose overall intelligence is in the average or above-average range," explains Dr. David. However, such children "have strategic weaknesses, which make their performance in school very poor. For instance, a child may have overall normal intelligence but be unable to read. Obviously, he is going to have considerable difficulty in school, despite the fact he has generally good intelligence."

Strangely enough, boys are much more likely to suffer from learning disabilities than are girls. The statistics, which baffle educators and medical men alike, indicate that this mildest form of neurointellectual handicap will strike boys from four to nine times as often as girls. "Some people," says Dr. David "have explained [the statistics] on the basis of genetics, and some have explained [them] on the basis of the fact that we expect more from boys in our society than we do from girls."

Typically, the youngster coming to the Child Study Center is seven or eight years old and is in either the second or third grade. More often than not he is having trouble learning to read, and his behavior may pose some disciplinary problems, usually due to hyperactivity. Chances are his teachers recognize his shortcomings and have referred him and his parents to the Child Study Center.

Once the child has entered the doors of the center, located on the MCV campus in downtown Richmond, he can expect to find a relaxed atmosphere in com-

fortable, sparsely furnished surroundings. Either Dr. David or Dr. Edwin C. Myer, the center's two pediatric neurologists, will first examine him and make preliminary judgments as to which of the other specialists on the center's multidisciplinary team should see him. If the child has not been tested previously, then he will likely go first to the developmental psychologist who will administer intelligence and personality tests. From there, depending upon the nature of his disabilities, he will see other specialists. For example, if behavior is a problem, he and his parents visit the behavioral psychologist who will assess his behavior and recommend ways to deal with it. Or, if the child is having speech or language difficulties, an evaluation by the biocommunicologist could result in a recommendation of speech therapy. And if hyperactivity is a problem, the pediatric neurologist may recommend medication. The final appointment usually is with the special educator, who reviews the findings of the others, assesses the child's learning potential, and makes recommendations regarding his education.

The basic aim of the Child Study Center, says Dr. David, "is to maximize the child's potential. It becomes more difficult to unprogram a child the older he gets. That's why we like to make sure we have a full understanding of the spectrum of the problem by the time he is six or seven years old," while there is still time to remedy the situation.

Children with learning disabilities "usually find school a very frustrating experience because they are forced, yet ill suited, to go to school. Either they withdraw or act out their frustration," says Dr. David. He even suggests that a lot of juvenile delinquency may have its roots in learning disabilities.

Neurointellectual handicaps have no regard for race, culture, or social and economic status. Instead, it is a "cross-cultural disorder." Dr. David says that it is "more likely to be found in lower socioeconomic groups than in higher income groups. But, in lower socioeconomic groups it so often is complicated by cultural deprivation that it is hard to recognize." Usually, learning disabilities are recognized in higher socioeconomic groups, where the children have been advantaged, because the condition makes itself more apparent as a subtle abnormality.

In order to keep the center self-perpetuating, care is presently rendered on a fee-for-service basis. Fees for the two-day evaluation process usually average no more than $350 to $400 for private patients, and often they are covered by a family's medical insurance plan. Dr. David hopes, however, that once the center receives additional financial support, it will be able to institute a fee-scale based upon a family's ability to pay.

For those families with a handicapped child, the Child Study Center performs invaluable service. Oftentimes these subtle impairments are too easily ignored

by unsuspecting parents who hope their son or daughter will soon outgrow their problem.

Dr. Joseph P. Crowley, assistant professor of psychology and the developmental psychologist on the child study team, says that most of the children coming to the center "don't have any gross neurological signs. Most of the kids are not epileptic; they don't have cerebral palsy. They are not grossly impaired. The underlying neurological disturbance is minimal.

"The manifestations of this [brain malfunction] include such things as perceptual motor difficulties. They have a difficult time integrating the visual input (what they see) with their motor response (how they copy, draw, and write), so they can't reproduce what they see."

While learning disabilities can sometimes be explained by such "visual perception problems," the cause can also rest in the auditory center of the brain. Dr. Martin L. Lenhardt, associate professor of audiology and associate director of the Child Study Center, describes the latter cause as a "listening problem," meaning that the brain doesn't get all of the information out of sound.

"Typically, the children are poor readers in phonics reading programs," says Dr. Lenhardt, "because in phonics they have to sound the words out. The vast majority of the time they can sound the word out, yet they have no idea what the word is. They don't go the step from sound to meaning."

Dr. Lenhardt, the center's biocommuniocologist, estimates that about forty percent of the children having difficulty after one or two years in a phonics reading program have significant auditory perception problems.

The prescription, or remedy, for those having learning problems comes from the Child Study Center's special educators. Usually, after the other specialists have made their evaluations, the child sees one of the center's two special educators. During a two-hour session of testing and observation, the special educator makes comprehensive recommendations regarding the child's education.

Through auditory and visual perception, discrimination, and memory tests, the special educator is able "to judge whether a child learns best visually or whether he might need an auditory kind of stimulus to learn," explains Marjorie Brownstein, the center's learning specialist in communication disabilities. Such information is helpful to the child's teachers in letting them know how to instruct the child.

While the majority of children possess all of their senses and can learn regardless of the teaching method used, such is not the case with the child having learning disabilities. For example, if a child is deficient in his visual perception, then the teacher should read all directions aloud, rather than just writing them on the blackboard. Such a child's visual perception might be so poor that he can't write anything down, meaning that he should be taught by being asked oral questions and

Twenty percent of all children may have intellectual handicaps.

Stanford-Binet test is used to determine a child's IQ.

giving oral answers.

If the child should be found to be poor in his auditory perception and good in his visual, then the teacher should give him the visual stimulus by writing out the directions.

Although children with severe learning disabilities may need specialized instruction, Mrs. Brownstein believes that the problem child should stay in the normal classroom as much as possible.

"My philosophy is mainstreaming the children," says Mrs. Brownstein, a former classroom teacher who became interested in the neurointellectually handicapped after her own daughter experienced learning problems. She cautions against separating children with learning disabilities from other children.

"Children are more alike than they are different," she says, "and even though a problem, the child with learning disabilities is more like the other children than he is different. Putting a child in another classroom the entire day and saying 'You're different, you're dumb' is not good for the child's personality at all," she warns.

The prescription for helping the disabled child realize his potential often sounds quite simple. Sometimes the parents need only to work with the child in helping him to improve his motor functions. Prescribed activities may include walking, running, jumping, hopping, bouncing a ball, and modeling clay. Other times the remedy might call for placing the child in a special class for youngsters with learning disabilities.

Although children with learning disabilities are more prevalent at the Child Study Center, the staff is also concerned with the problems of the mentally retarded, the most severe form of neurointellectual handicap. Some of the same techniques employed in habilitating the learning disabled are used in working with the retarded child. For example, the behavioral psychologist may develop strategies for parents to use in ridding a retarded child of undesirable behavior. Unique approaches often are employed to motivate such children to become more self-sufficient. The mastering of basic self-help skills can often mean the difference between the institutionalization of a child and his remaining in his home community.

At present, the fledgling Child Study Center is performing only one of the functions for which it was designed—that of serving as a diagnostic and treatment center. As needed funds—an estimated $150,000 annually—become available from state, federal, and private sources, Dr. Ronald David and his colleagues hope to expand the center's role. They foresee the center's providing educational and training experiences for graduate and undergraduate students from both the MCV and Academic campuses. In addition, they plan to further the research into the area of intellectual deficiencies. Perhaps this dedicated team of specialists will uncover some of the mysteries surrounding our awakening knowledge of the intellectually handicapped child.

Joy and Pain

Dr. Edwin D. Joy talks about pain and research into pain control being conducted at the School of Dentistry

Although pain has been around since the time of man, medical science still knows relatively little about this illusive phenomenon. The ancients searched not for drugs that would cure disease but for those that would kill pain. Two of the earliest known painkillers, opium and morphine, have been in use at least 2,000 years.

Despite man's intense interest in relieving his own suffering, pain is still with us, at least for the present. Researchers at the Medical College of Virginia, Health Sciences Division of Virginia Commonwealth University, are hoping, however, to find more effective ways of controlling pain. MCV/VCU's unique concentration of pain experts prompted the National Institutes of Dental Health to award the institution a $250,000 grant last July to train researchers in the field of pain control in dentistry.

Dr. Edwin D. Joy, associate professor of oral surgery, teaches courses in pain control at the dental school and is codirector of the federally supported program. He talked with the VCU Magazine *about pain and the research effort.*

Q. What is pain?
A. Pain is a phenomenon that evades definition. It can only be described in similes. The classic definition of pain—that it is "an unpleasant sensation to a noxious stimulus"—really breaks down in the last analysis because it doesn't have to be "unpleasant" and the stimulus doesn't have to be "noxious." Human beings and animals can be taught that pain is just a signal, and the stimulus to pain doesn't have to be injurious.

The psychological definition is probably the best, and that is: "pain is what a person says hurts him," which allows for individual variations. My pain may be entirely different from yours. If I am treating you, and you say you're in pain, then I am making a very serious mistake if I personalize the situation and assume that under the same circumstances I would not be feeling pain; therefore, you can't be feeling pain. This is a trap that many doctors fall into. And this is a trap that many people in dentistry have fallen into. A doctor should not deny the fact that a patient's pain is very personal and very different from his. The patient's actual pain threshold is markedly different because of the circumstances he finds himself in at that particular moment.

Q. What do you mean by "pain threshold"?
A. There are two types of thresholds. Pain threshold is the degree of stimulus which causes a person first to perceive pain. The second is pain-reaction threshold, which is the degree of stimulus at which one no longer can stand the pain and takes some aversive reaction to it. The difference between the two constitutes pain tolerance, and it varies from time to time and under different circumstances for any individual.

Q. How does an individual's pain tolerance vary?
A. If one wants and desires whatever it is that's inflicting the pain, then his pain tolerance will be higher. If it is an undesirable stimulus, then his pain threshold will be markedly lower. For instance, take the situation of a mother having her first baby. If she wants it very, very much; it is a very positive event with tremendous positive psychological impact. Her pain tolerance is then quite high.

Fear and anxiety lower pain tolerance.

Q. Is that to say the situation is not painful?
A. It is painful indeed, but the situation is psychologically so positive that her pain tolerance is greatly increased. The antithesis might be a person who is told that he needs to have an operation for an ailment for which he has no symptoms. He doesn't want the operation, and he doesn't see how it is going to help him. Under these circumstances his pain tolerance is terribly low.

Q. How can a doctor counteract the psychological factor?
A. He can counteract it in several ways. First, he can try to give positive meaning to whatever he's doing. He can see to it that the patient understands the benefit of the pain situation, be it surgery or what have you. The doctor who doesn't make his patient understand that what he's about to do is very, very positive is not taking advantage of raising the patient's pain tolerance.

Other factors that change pain tolerance are fear and anxiety. If we can remove these from the pain situation, then pain tolerance is increased considerably.

Q. What is being done to relieve the dental patient's fear and anxiety?
A. That's what we're working on right now. We're measuring how different variables alter the degree of stress and anxiety dental patients are under.

Q. What are the variables?
A. Variables might be the trust that a patient has in the doctor, the actual environment in which the dental procedure is carried out, the period between the time a patient knows he has to have dental work and the time that it is actually performed, and the actual wording of the consultation. We're testing certain psychologically loaded words: "hurt," "pain," "drill," "needle," "cut." Such words, if used, markedly raise the patient's level of anxiety.

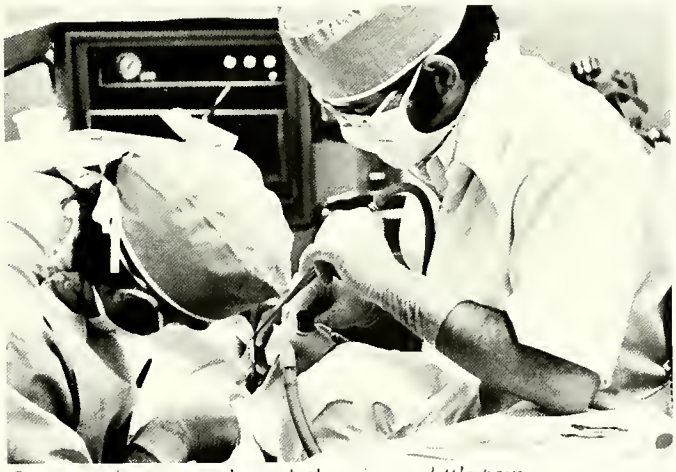
Q. Does it help to alleviate pain for a dentist to say, "This is not going to hurt"?
A. No. As a matter of fact, that's a very bad thing for a dentist to say, particularly if it is going to hurt. It is much better to say, "This is going to hurt, but it won't hurt much." We feel very strongly that the patient's trust in the doctor is the strongest deterrent to anxiety. If you come to me as a patient, and I have never lied to you, and you like and trust me, your anxiety level will be lower than if I say to you, "This is not going to hurt," and it does. Then the next time I say it's not going to hurt, you say, "That Dr. Joy is a liar; I can't trust him." And your anxiety level is going to be high. So, we teach our students never to say that. If something is going to hurt, the doctor should tell the patient it's going to hurt.

Q. How do you expect your research to help you reduce the levels of fear and anxiety?
A. We intend to introduce variables into the dental situation and measure whether or not they actually reduce fear and anxiety. The variables, of course, would be color scheme in the dental office, music in the office, the manner of interviewing the patient, the patient's liking and trusting the doctor. I could go on and on, for the variables are infinite in number. But once we have set the baselines, we can then see whether or not some of these variables actually alter stress and therefore raise or lower pain tolerance. For instance, it has been felt for many, many years that the psychologically loaded words already mentioned are stress-provoking, but nobody knows that.

Q. How is this research being conducted?
A. We are conducting the research with a machine called a psychological stress evaluator, which measures micro-tremor in the voice. People who are under stress have audibly imperceptible changes in their vocal cords, and this machine actually quantifies the amount of stress a person is under just by taking a tape recording of his voice. All we have to do is record the patient's voice and analyze it later.

Q. What other advances are being made to reduce pain in dentistry?
A. In dentistry, people fear the injection of local anesthesia more than anything else now. Generally, people do not fear the actual dental procedure. In our generation, patients pretty well know that once they have become anesthetized, that there will be no more pain. But that injection of anesthesia not only is slightly painful but is upsetting. Dentistry now is working on the use of nitrous oxide (laughing gas) sedation and intravenous premedication with tranquilizing and pain-killing drugs so that the

MCV research project measures the stress dental patients are under.



Once a patient is anesthetized, there is very little pain.

Confidence in the dentist increases the patient's pain tolerance.

patient can go through the local anesthetic without fear, upset, or pain.

Q. Aren't there enough analgesics in use today so that dentistry is relatively painless?
A. That's right. There is not a high level of pain. As a matter of fact, the level of pain in dentistry is very, very low. But the anxiety level of patients coming into the dental setting is so high that their pain tolerance is extremely low, and they interpret the tiniest stimulus as severe pain.

Q. Is it possible to achieve pain-free dentistry?
A. Once we arrive at anxiety-free dentistry we will have arrived at pain-free dentistry. The analogy I use in teaching my dental students is that if you ask one hundred dentists if we have arrived at pain-free dentistry, ninety-five of them will say yes. If you then ask one hundred of their patients if we have arrived at pain-free dentistry, ninety-five of them will say no. There seems to be a gap in the perception of a pain-free situation between the person in control and the person who finds himself the subject.

Q. What are the underlying causes of this? Does it go back to parents who instilled such fears in their children?
A. Probably. The fact is that painless dentistry is so new that most adults today still have memories of very painful experiences. It seems that the press—let's say the humorous press, or dental humor as carried on by the lay public—always seem to be geared toward the inflicting of pain or fear. You never see a cartoon about a dentist that doesn't have something to do with fear or pain.

Q. How can parents reduce the level of fear and anxiety in a child who is about to visit the dentist?
A. That's easy. Children generally have neutral feelings about going to the dentist. All the feelings that they have toward the dentist generally are brought on by either stories they hear from siblings who have already been to the dentist or stories they hear from their parents. The best way that parents can prepare a child to go to the dentist is to describe the visit in a very positive way. And by that, I don't necessarily mean rewarding the child: "If you go to the dentist, you are going to get an ice cream cone." I mean by showing how he will physically benefit from the work the dentist is going to do and by reassuring him that it is not going to be painful.

Many parents do exactly the opposite. They use a trip to the dentist as a punishment. They will say, "The dentist is going to stick a big needle in you unless you are a good boy." I hear that all the time. It's almost unbelievable. Little kids come in and ask, "Are you going to stick me with a big needle?" I'll ask where they heard that, and they will say, "That's what my mom said, 'If I'm not good, you're going to stick a big needle in me.'"

Q. Are some types of pain worse than others? Is a toothache the worst kind of pain a human being can endure?
A. I don't know. It's severe. Let's say it is very severe. The degree of pain is the degree of stimulus that is being applied to the nerves. Dental pain or a toothache is extremely severe. Is that worse than a hot nail in your eye? I don't know.

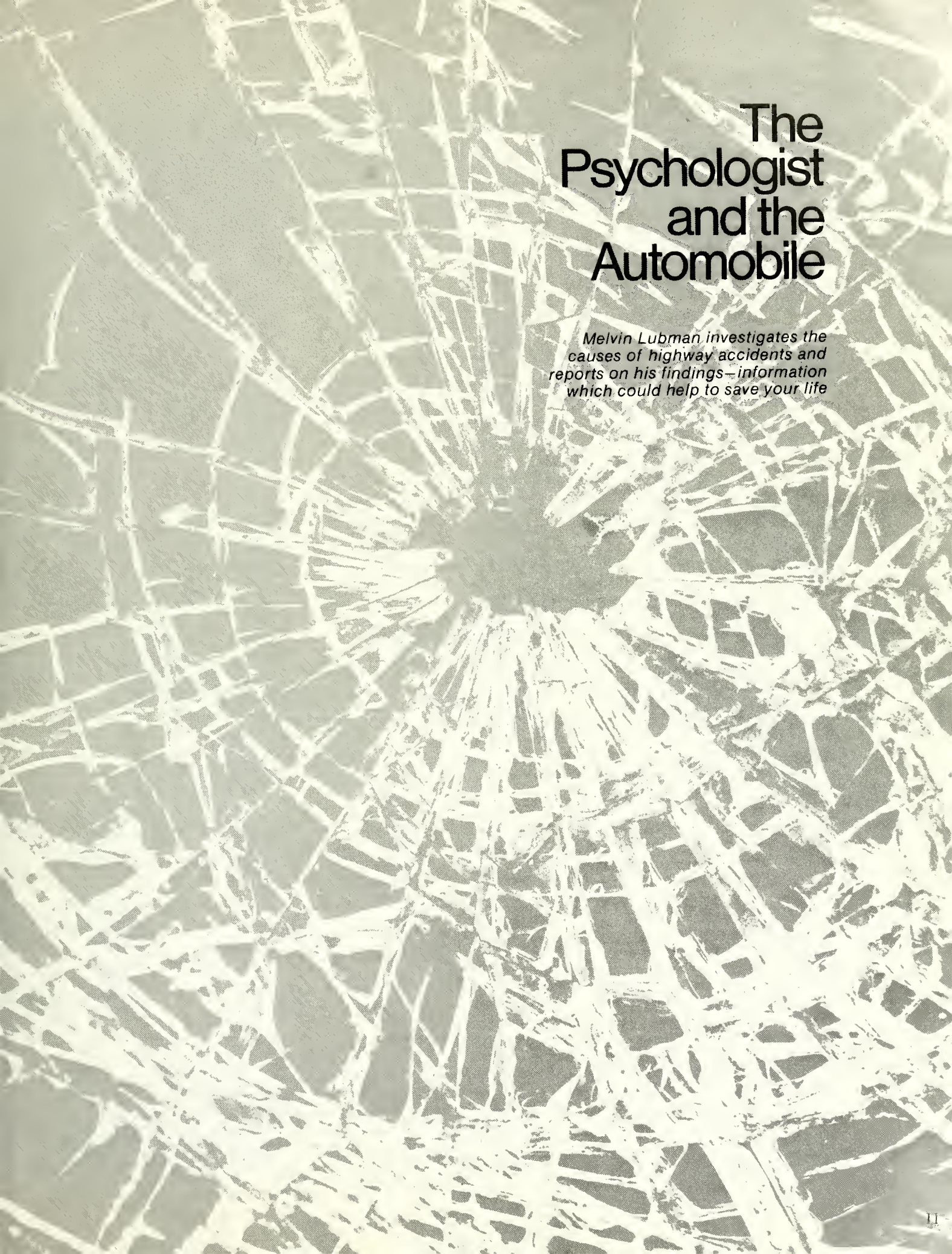
Q. What are the physiological factors that cause pain?
A. We know that pain is a stimulation of pain receptors (nerve fibers) that carry pain impulses to the brain. We know, generally, the anatomic pathways from the pain receptors to the brain. But, we don't know the other factors affecting these pathways. We know they can be shut off, for instance, by psychological-motivational factors, but we really don't exactly know how.

Q. Are there cultural differences which affect pain reaction?
A. Certain ethnic cultures teach their members to be very stoic towards pain. Others teach their members that it is perfectly all right to react openly to any emotion, and they do. They may not be more sensitive, but they have been taught since childhood that it is perfectly all right to weep, to cry, to laugh, to sing in the streets, and when they're hurt, they scream.

Q. Does age affect pain reaction?
A. Yes, it does. It seems that very young people tolerate pain well, and very old people tolerate pain very well. Probably young adults in our culture tolerate pain the least well.

Q. Are there times when one is less likely to react to pain?
A. When he is very well rested. Fatigue is another factor which reduces the pain tolerance.

Q. Are there sexual differences which affect pain reaction?
A. That is equivocal. Some studies show women have a greater tolerance of pain; some show that men have a greater tolerance. There are two types of pain: one is a very sharp, pricking, easily identified pain, and one is a throbbing, deep, aching type of pain. We call the latter "second pain" because it comes on as the stimulus is increased. Men seem to tolerate the first type of pain better than women. Women seem to tolerate the long, nagging type of pain better than men. That's really not clearly shown in every case, but it seems that men don't suffer as well as women.



The Psychologist and the Automobile

Melvin Lubman investigates the causes of highway accidents and reports on his findings – information which could help to save your life

The major causes of death today are heart disease, cancer, and strokes. But only for those lucky enough to survive another killer—traffic accidents.

According to the National Safety Council, motor vehicle accidents are the fourth leading cause of death among persons of all ages. For persons between the ages of one and forty-four, they are the number one threat.

One of the tragedies of highway accidents is that little has been learned from them, and consequently, they continue to occur. However, a psychologist at Virginia Commonwealth University has been studying traffic accidents for the past four years, and he hopes his findings will help reduce their frequency.

Melvin V. Lubman, assistant professor of psychology, heads a three-member crash investigation team which has conducted in-depth investigations of more than seventy-five accidents. The team, one of only sixteen such teams in the entire country and the only one of its kind in the state, was created in 1971 by John Hanna, director of highway safety for the commonwealth of Virginia. In addition to Lubman, the other team members are John Wingold, a state trooper, and David McAllister, a highway engineer.

Each of the three specialists has a specific function in the crash probe: Wingold reconstructs the actual accident and searches for vehicle defects, McAllister assesses the road situation, and Lubman evaluates the human factors involved.

"We approach our investigations with the assumption that driving is a system, a man-machine-road system," said Lubman. "If you are going to take a trip, then these elements must interact properly. An accident represents a system failure—a breakdown of one of the elements, a failure in interaction.

"It's true that the human element is the one that most likely fails, but many times improving the human performance is not the remedy. The idea is to come up with a more efficient system. Maybe there's not much we can do about the human factor, but we can do something about the road situation or vehicle to simplify the driving task," explained Lubman.

The team members not only investigate crashes in Richmond and surrounding counties, but also travel all over the state to research the causes of accidents they think might be revealing. They go to the scene of the accident; they examine the wrecked vehicles; and they interview drivers, passengers, witnesses, families, and even employers. An average of forty man-days are spent per accident, during which time twenty to twenty-five interviews are conducted in the probe of the driver's psyche as well as the immediate cause of the crash.

Lubman, an industrial psychologist, confesses to being a "fanatic" about safety. For the past twenty-five years he has been concerned about safety and accident prevention. He once worked for the city of Richmond personnel department and later as a safety consultant to government and industry. Ten years ago he began teaching at VCU, but he didn't join the faculty full time until 1968. For the past four years he has donated his services to the crash investigation effort. He's not paid for his investigative work, but he sees his involvement as his contribution to the university's service commitment to the commonwealth. The state trooper and the highway engineer are assigned full time to the crash investigation team by their respective departments.

The three men, all of whom have had special training in crash investigation techniques, do not officially investigate an accident. Local police still handle that. The team functions solely in a research capacity, and its findings are immune from subpoena. After they complete their in-depth investigations, they write a report of each accident—"sanitized" so as not to reveal the identity of the driver.

These reports are then distributed to the state police, the state highway department, the department of motor vehicles, the public schools' driver education authorities, the bureau of emergency services (because the reports include evaluations of rescue squad performances), and military intelligence (because a considerable number of military personnel are involved in accidents). Their reports also go to the Highway Safety Foundation and to federal agencies such as the National Highway Traffic Safety Administration of the Department of Transportation. Usually the reports include recommendations for the prevention of future accidents at particular sites.

While the data collected by the investigators has not yet been converted into precise statistics, Lubman has drawn the following conclusions about the causes of traffic accidents and their prevention.

"The problem driver is the young [male] driver," stated Lubman, adding: "This comes as no great surprise. Hard-nosed research has demonstrated this, and our experience has confirmed it." Age of the driver, however, becomes less a contributing factor after he reaches twenty-five but gains importance again as he reaches his late sixties.

The drinking driver is also a serious problem, and in Lubman's opinion, a far greater problem than current statistics reveal. Statistics indicate that about half of the fatal accidents involve drinking drivers. "We think the figure is really much higher. Based on our data, I would say it is closer to seventy-five percent," said Lubman.

The investigators are also finding evidence that other drugs—particularly marijuana and amphetamines—contribute to the incidence of highway accidents. "Marijuana affects behavior in many ways much as alcohol does, and people who are under the influence of marijuana shouldn't drive," warns the psychologist. Out of the last five fatal accidents the team has investigated, Lubman reported that at least three involved a combination of drugs and alcohol.

Failure to wear seat and shoulder belts adds to the number of fatalities and bodily injuries. Lubman said, "There is no doubt in our minds that 10,000 to 12,000 lives a year could be saved if people would 'buckle up.'"

Speed obviously can contribute to the severity of an accident. And while the figures indicate that the number of highway deaths has decreased since the nation's new fifty-five mile-per-hour speed limit was imposed last year, Lubman fears that the number of fatalities "is beginning to creep back up."

The time of day and the day of the week are also culprits casting odds against the driver. As one would expect, the most dangerous times to be on the highways are the hours of darkness and weekends. Poor visibility and the drinking driver (out on the town on Saturday night) increase the chances for accidents.

Oddly enough, bad weather is not a major factor in serious accidents. Lubman claimed that this was because most drivers slow down in rain, fog, or snow. But if the conditions persist long enough, then drivers become "desensitized" and the accident rate goes back up. "Most accidents," explained Lubman, "occur in perfectly clear, dry weather."

Another factor over which the driver has little control is the roadway itself. "We have inherited a road system which simply wasn't meant to handle, for the most part, the volumes of traffic at the speeds at which they travel," said Lubman, pointing out that even some of the nation's new interstate highways already are obsolete. Still, interstate highways are safer than other roads, indicated Lubman, and he quoted statistics to prove it. In 1973, the most

recent year for which figures are available, the fatality rate on interstate highways and turnpikes was 2.1 deaths per 100 million miles traveled. The death rate on all other roads was nearly three times higher (6.2 deaths for each 100 million miles traveled).

While Lubman reported that true mechanical failure is rare, the team has found faulty vehicle maintenance a probable cause in a number of accidents. Brakes are a problem because drivers neglect to have them serviced regularly, and tires are a problem because drivers wear them down to the cord.

Vehicle design, however, is a major cause of fatalities and injuries. "The smaller the vehicle, the greater the hazard," said the professor, citing data from the Insurance Institute for Highway Safety. According to Lubman, once the weight of the vehicle gets below 3,000 pounds, every 100-pound decrease in weight diminishes the crashworthiness of the vehicle by 5 percent.

"The smaller the vehicle, the less the vehicle can absorb in the way of energy generated in a crash," said Lubman. "[Energy] that is not absorbed by the vehicle has to be absorbed by the people in the vehicle. And you and I can't absorb energy as well as metal can." Heavier vehicles are safer, he explained, because they can better absorb energy, thereby limiting the transfer of crash energy to the occupants.

Expressing his concern for those killed and maimed in accidents involving small cars, Lubman stated: "If I had my say-so, I'd outlaw ----------s." Claiming that he won't ride in one of the popular, foreign-made imports, Lubman faults the design of the vehicle for its short wheel base, its poor weight distribution, and the location of its gasoline tank. "Any time you have the gasoline tank in front, you've got a greater fire risk [on front-end impact]," said Lubman. And any sudden turning movement of one of the narrow-track small cars, he said, causes it to roll over "like a basketball."

Speed, which acts as a levitation factor, is also more dangerous in smaller vehicles, explained Lubman. The higher the speed, the less weight there is on the road at each wheel, which causes the vehicle sometimes to be blown off the road in a gust of wind.

Reporting that heavier vehicles are less likely to be involved in accidents with serious injury, Lubman forecasts that a trade-off is coming between safety and energy. With the trend toward the more economical, gas-saving small car, Lubman fears that "we may end up paying a price in terms of lives lost and injuries because of the energy crisis." He is hopeful, however, that manufacturers will come up with safer automobiles.

In the course of his study, Lubman has found that there are precautions drivers can take to reduce the chance of their being involved in an accident or receiving serious injury. He advises motorists to obey traffic laws, to drive defensively, to refrain from carrying heavy, loose objects in their cars, and to steer clear of crippled vehicles parked on the shoulder of the road.

"Traffic laws are safety rules," said Lubman, pointing out that such laws are not intended to harass the driver but are meant to save lives and property. He commented that the team has investigated only one accident in which there was no apparent traffic law violation.

Lubman complained that drivers are too trusting; they put too much faith, he says, in stop signs and signal lights to stop other drivers. He admonished drivers "to be paranoid and live longer." He elaborated: "We're too trusting of strangers behind the wheel, who may be drunk, crazy, or both. We'll bet our lives, literally, that the other driver is safe, sane, and sensible in his behavior."

The safety expert also warned of the dangers in carrying heavy, loose objects in the trunk or in the interior of the car. In the event of a crash such objects, hurled through the air by the force of the impact, become lethal weapons. To make his point Lubman related how a loose tire in the trunk could crash through the passenger compartment with killing force and how a heavy tool chest could become a deadly missile.

Roadside breakdowns can also endanger lives. He urged motorists having car trouble to give an emergency signal (flares, hazard flashers, or warning flags) and to get out of and away from the vehicle until help arrives. He related the gruesome tale of a young soldier killed when his crippled vehicle was struck by another car which veered off the highway and on to the shoulder where he was parked awaiting help.

Asked whether there was any truth to all of the jokes about women being poor drivers, Lubman said, "Nonsense. I'd rather ride with a woman driver any time than with a man." He attributed his preference for women drivers to their being less likely to display aggressive behavior behind the wheel. But, that may be changing says the psychologist. "I predict that one of the unfortunate consequences of the women's lib movement will be that young girls will break their necks behind the wheel of a car as readily as young males do now.

"High-risk driving is aggressive behavior. We live in a culture where that's been accepted and even encouraged, as far as boys are concerned." Now that women are being encouraged to be aggressive and independent, he predicts, this will be reflected in their driving: "The better driving [record] that girls now enjoy will become a thing of the past."

According to Lubman, progress is being made in preventing accidents on Virginia highways. He estimated that about seventy-five percent of the team's safety recommendations are being implemented by appropriate state agencies.

A Race against Time

Archaeologists race to uncover a prehistoric Indian campsite before bulldozers erase the remains found in Richmond's Shockoe Slip

by Toni Radler

After days of painstaking digging, a group of archaeologists find what they have been looking for. They uncover traces of what they believe to be postholes, indicating that the site possibly was a permanent habitation for Indians living several thousand years ago. With utmost care, the archaeologists begin the arduous process of removing the dirt around the two postholes with small brushes.

An expedition in South America? Actually, the excavation is taking place in the Shockoe Slip area of Richmond, near Thirteenth and Canal streets, where Richmond Metropolitan Authority (RMA) bulldozers uncovered what has been determined to be an Indian village or a campsite.

The dig was triggered in late September when construction workers found a human skeleton in the course of their work on the RMA's Downtown Expressway. Thinking the skeleton to be a

victim of twentieth century foul play, the Richmond police and the state medical examiner's office were called in.

An alert VCU research assistant in the department of sociology and anthropology, John Saunders, read about the find and suggested that the skeleton could be that of an Indian who lived along the banks of the James River centuries before the discovery of America. His hypothesis was borne out by the findings of the medical examiner's office, and the dig was launched under the direction of VCU sociology and anthropology instructor, Mark Druss.

Druss and some fifteen students from VCU and from Richmond's Open High School have been working around the clock at the site. They have worked in the rain and during cold weather in an effort to beat the RMA's time schedule for bulldozing the southern side of the dig.

Realizing the time frame, Druss directed the students to dig on the south side of the site in the area that lay directly in the path of the expressway. This is where the postholes were discovered and where a projectile was found that could date the site back thousands of years before Christ.

"The big find always happens on the last day," Druss said, referring to the projectile. "This one occurred in the last hour before the bulldozers came in. We haven't determined the age of the projectile yet, but it is like the style of those used around 4,000 B.C. This could be just a fluke, it could be coincidence, or it could be that the site is a lot older than we originally thought," he explained. Until the projectile, or spearhead, was found, the archaeologist had dated the site at 500 to 1,000 A.D.

"Actually, we uncovered only a twentieth of what we had planned and wanted to uncover on the southern portion of the site," Druss complained. "We just ran out of time, and we couldn't get the money to pay for additional trained help at the site. We may never know if the projectile was a fluke or whether the site does date back to 4,000 B.C."

Although expressway progress destroyed part of the dig site, Druss praised the RMA people who, he says, "couldn't have been any more cooperative. They slowed their schedule as much as they could, but they just couldn't delay the road any longer.

"In a professional dig like this, you just can't get in and get out and do a thorough job. You have to plot every find and map the entire site. Then you can draw the cultural inferences," Druss explained.

Druss and his students are now working on the northern portion of the dig where another burial

Theodore De Bry's engravings, published in 1590, depict Indians living in "the new found land of Virginia." The engravings, after illustrations by John White, are from Thomas Hariot's A briefe and true report..., *one of the first illustrated books about the New World.*

site has been unearthed, along with an incomplete set of human bones. In all, three skeletons and possibly a fourth have been found. The archaeologists are racing against another deadline—this one in early spring when construction work will begin in the area of the burial sites.

The VCU archaeologists have found enough artifacts to piece together some information on the lifestyle of the Indians who occupied the area.

"Unfortunately, we weren't able to determine whether or not this was a village; we know it was at least a campsite. Since we found only what appears to be traces of two postholes, we don't know how large the habitation was.

"The problem," he continued, "is that it could have been a very large village, and we could have been digging in the wrong place."

The artifacts the archaeologists found, including spear points, dart points, scraping tools, chipping debris, and hammer stones, indicate that the people were hunters and gatherers, not agriculturalists. In addition, pottery and stone bowls were found along with food remnants, such as rodent bones, fish scales, deer bones, and a piece of charred plant.

"It seems that the people who lived here inhabited the site over a period of years. It could be that they came to the site seasonally, perhaps for hunting," Druss observed.

Two of the skeletons show signs of rickets, induced by a vitamin D deficiency. The causes for the deficiency have not been determined as yet.

Druss feels that additional information is locked in the ground beneath RMA's nearby parking lot. The VCU archaeologists hope to get permission from the RMA to remove areas of concrete there for further excavation. In the meantime, students are using dental picks, grapefruit knives, and tablespoons to finish the excavation at the burial sites on the northern side of the dig.

"I hope that we still may be able to answer some of the questions, even though a portion of the site is bulldozed under," Druss said. "But, a large scale state archaeology project is going to have to be set up if we're going to save Virginia's archaeological heritage. Virginia history didn't begin with Jamestown. This area was inhabited by a large number of Indians.

"Up to this point," Druss continued, "concerned amateurs have been involved in local digs without financial support or training. The department of sociology and anthropology at VCU has a crucial role to play in developing a state archaeological program, and we can provide

the training necessary for a state-supported project."

VCU archaeology students have been working on nine digs in the Richmond area but were called away from these to work on the Shockoe Slip site because of the urgency involved in beating the RMA bulldozers.

"There is enough work in the Richmond area alone to keep archaeologists busy for years," Druss said.

Community interest in the dig was evident from support offered by local businessmen and organizations.

Usry, a Richmond-based mobile home firm, loaned the archaeologists a mobile office that has served as the site headquarters. One Williamsburg student, Chris Baroody, used the trailer as a look-out point in an effort to prevent vandalism and thefts at the site.

The MCV dental school provided the archaeologists an electric drill which has cut down on the time involved in scraping away dirt with small hand tools.

The director of the MCV physical plant, Frank Faulhaber, furnished six surplus operating room lights used to illuminate the site for nighttime digging.

The State Highway Department loaned survey equipment used to map the area.

Reynolds Metals donated roofing panels and material which are being used to cover the excavation square, enabling the archaeologists to work in the rain.

The city of Richmond provided a fence to keep intruders away from the site. The RMA worked hand in hand with the students, permitting them to connect with on-site electricity and other utilities; RMA machinery was also used to uncover areas of the site.

Once the dig is completed this spring, Druss says the artifacts and skeletons will be moved to VCU's new Archaeological Services Center of the department of sociology and anthropology. The center will serve as a laboratory, museum, library, and meeting place for people involved in the local archaeological society. It will also be used to train students in the techniques of archaeology.

Druss hopes the students will have gathered enough artifacts and information so that the Indian habitation can be reconstructed, adding another dimension to Richmond's historical past.

Toni Radler, former newswoman with WRVA-Radio in Richmond, is a news writer for the VCU university relations office.

Kent the Glassblower

The ancient art of glassblowing is being revived by the chairman of the crafts department at VCU

Kent Ipsen is a glassblower with a smashing sense of humor. He delights in handing a handsome vase of blown glass to an admirer, only to let it slip and crash to the floor. The pained expression on the face of the faint-hearted admirer breaks Kent up as he explains that the vase was defective and already was destined for destruction.

The blowing of molten glass is a precise art requiring a great deal of patience, trial, and error. The errors end up in trash barrels, and getting rid of the mounds of discarded glass can sometimes be a problem.

Once Kent asked a trash collector if he would mind hauling away several barrels of broken glass. The strong-armed trashman was willing enough, and he handily tossed the refuse onto his truck. Thinking that a tip would certainly be in order, Kent dug deep into the pockets of his jeans for a dollar bill. Nothing came up but a few pieces of small change.

"Wait a minute," said Kent, and he ducked back into his studio. A few moments later he reappeared with a blown glass bowl. "Here," he said to the waiting man, offering him the colorful bowl easily worth $45.

"You want me to take this?" asked the somewhat surprised trash collector.

"Sure," said Kent, whereupon the man tossed the bowl over his shoulder, smashing it into the pile of trash on the truck.

Luckily, Kent Ipsen is able to laugh a lot. And he does so easily, as his furrowed face attests. Still, he takes his glassblowing seriously.

Ipsen is an associate professor and chairman of the crafts department at VCU. He came to the university two years ago and set up a glass studio in a small shed behind the administrative offices at 910 West Franklin Street. According to Ipsen, VCU is the only school in the state teaching glassblowing and is one of only sixty institutions in the entire country offering courses in the ancient art.

The first course in glassblowing in an American university was taught at the University of Wisconsin in 1962. Kent Ipsen, then a potter, was one of the first pupils. There, he worked under the innovative master of glass, Henry Littleton, who is credited with making glass an acceptable artistic medium and a legitimate field of study in university art departments.

Since earning his master of fine arts degree in glassworking and ceramics at the University of Wisconsin in 1965, Ipsen has generously shared his knowledge and skill with would-be glassblowers. He established glassworking departments at Mankato State College in Minnesota and at the School of the Art Institute of Chicago before coming to VCU in 1973. He also has taught glassworking as artist-in-residence at several schools and colleges.

Each place he goes, his task is much the same. Ipsen scrounges up quarters for a studio, builds the furnaces and ovens, and fashions the tools used in working with glass. The glass studio at VCU was built by Ipsen and his students. They laid the concrete blocks for the walls, poured the cement for the floor, and installed the electrical wiring. They also built the furnaces for melting the glass, and they recycled old refrigerators and kitchen cabinets into annealing, or cooling, ovens.

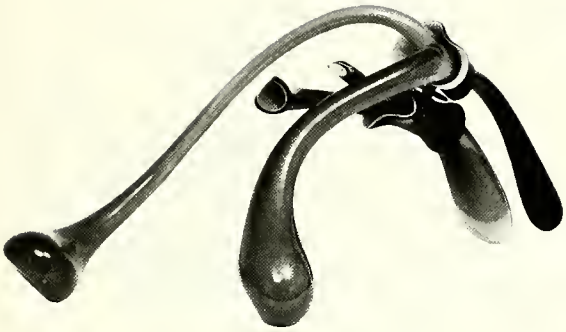
Twenty-four VCU art students are now working in glass. Not only are they blowing molten glass into creative objects, but they also are learning about the chemistry of glass. (Glass, basically, is made by melting together a mixture of silica, soda ash, and either lead, zinc, or barium.)

"The only way to teach glassworking is to demonstrate it," says Ipsen, explaining that he works alongside his students. "You can't tell someone how to do it and expect him to get the idea. You have to show him."

Ipsen demonstrates the primitive art of glassblowing for the *VCU Magazine* in the photographs taken by Bob Hart '58 which appear on the following pages.

Glass bottle, 15" X 15"
by Kent Ipsen

Kent blows through the blowpipe to start the bubble.



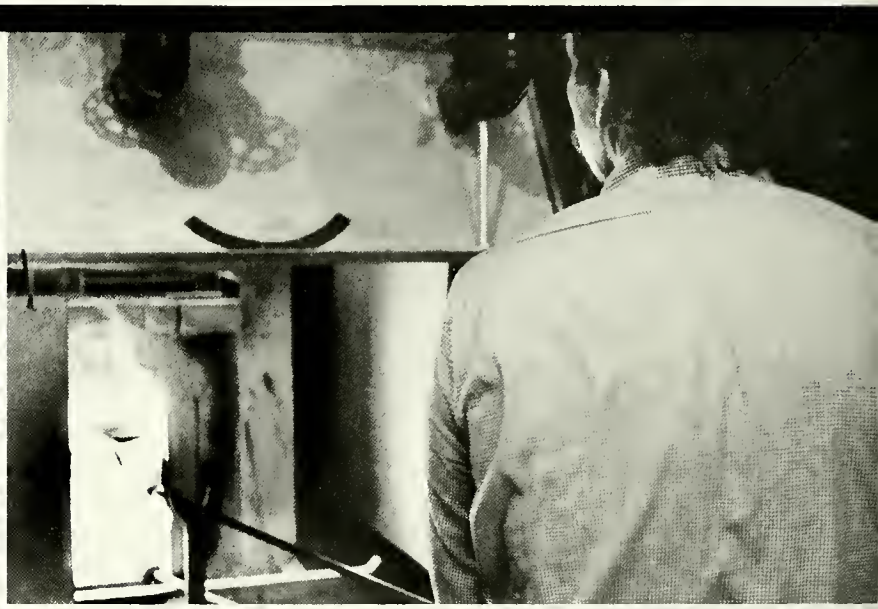
Glass sculpture, 4' X 4' X 3'
Ken Bothell, graduate student

Top: By rotating the glass in an applewood block, the hot material cools and becomes spherical.
Bottom: A spring tool called a jack is used to neck the glass next to the blowpipe.

The ball gets larger with additional gathers of molten glass, blowing, and blocking.

Glass jar, 7" X 6"
Robert Doring, graduate student

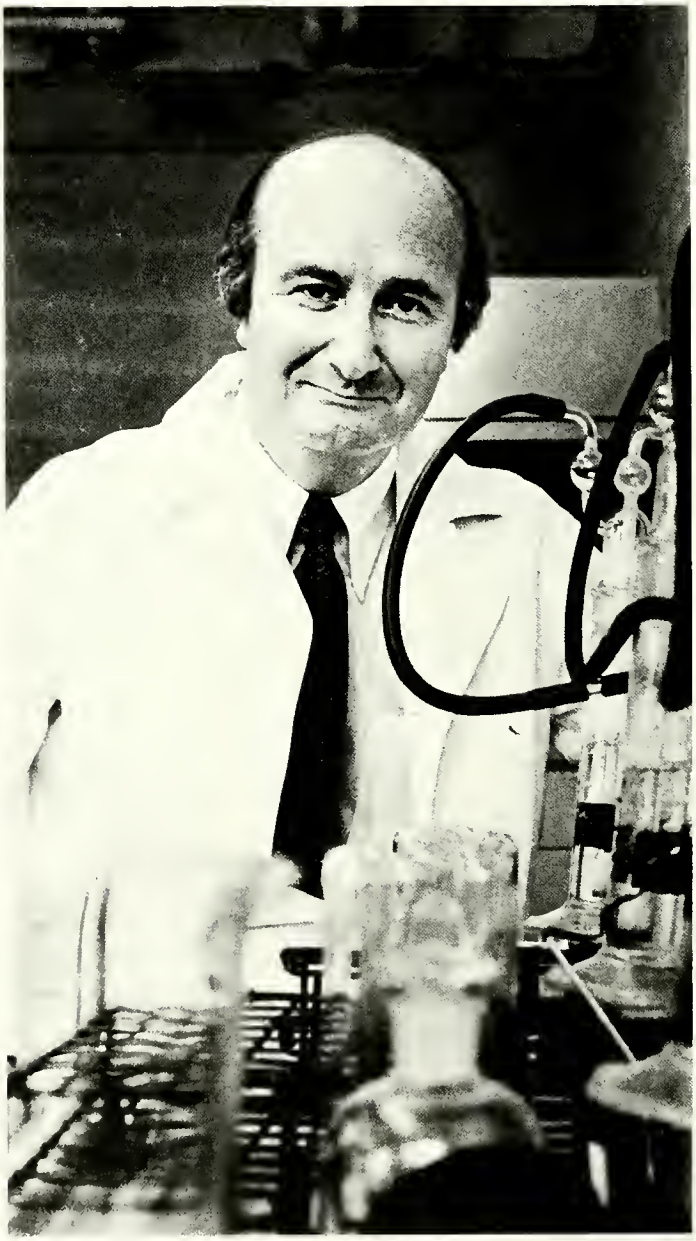
Once the hot bubble is the proper size, Kent inserts it into a wet wooden mold and blows through the blowpipe to form a bottle.



Top: The bottle goes back into the furnace for a final heating.
Bottom: The softened neck of the bottle is then shaped . . .

Glass cup, 4"
Robert Doring, graduate student

...and trimmed before it goes into an annealing oven.



Cancer breath test developer, Dr. Giovanni Costa

Did you know...

A breath test for cancer

A breath test which appears to be 87 percent accurate in detecting different forms of cancer has been developed at the Medical College of Virginia. Dr. Giovanni Costa, director of the Clinical Research Center, believes that the system he and fellow-researchers have developed might very well become a useful mass-screening device in detecting cancer in its various stages and of different types. The only other known method of testing for all types of cancer is about 60 percent accurate.

From the patient's viewpoint the test is simple and uncomplicated. The patient simply swallows a capsule of mildly radioactive fat; twenty hours later he breathes into a balloon-like device. The amount of radioactive carbon dioxide exhaled is then measured in the laboratory. According to the MCV research, the amount of radioactive carbon dioxide above a certain level indicates the presence of cancer somewhere in the body.

Exactly how the test works is not known, said Dr. Costa, who has been studying for more than a dozen years the metabolism of fats in the body. Scientists have observed for sometime now that cancer reduces the amount of fat stored in the body.

Whatever cancer does to fat metabolism is reflected in and is the basis for the test devised by Dr. Costa and his colleagues: Ludwig Ulrich, a chemist,

and Dr. Kenneth W. Lyles, a 1971 graduate of the School of Medicine. The still-experimental test is the result of their studies with animals and humans conducted at Virginia Union University and MCV during the past two years.

To date, the test has been administered to more than 160 persons who were divided into four groups: healthy volunteers, patients with cancer, patients with diseases other than cancer, and patients with illnesses which had not been diagnosed.

In general, the researchers found that the amount of radioactive carbon dioxide exhaled by cancer patients was higher twenty hours after they had swallowed the fat capsule than in normal persons. In patients that were known to have cancer, the test was about 90 percent accurate. In addition, the test registered positive with several patients who had disorders other than cancer. Overall, 87 percent of those who registered positive on the test had tumors, reported Dr. Costa.

The next step, according to Dr. Costa, is to refine the test further and to engage in collaborative studies with other institutions to confirm the MCV findings. He believes the accuracy of the test might be improved by administering the fat preparations intravenously rather than orally. Such improvement, plus a large-scale evaluation of the test, could provide a means for screening masses of people for cancer. The amount of radiation involved in the test is less, he said, than a person would receive from a typical chest X-ray.

And the search goes on

The search for a successor to Dr. Warren W. Brandt, first president of Virginia Commonwealth University, is still going on. Dr. Brandt, who announced his resignation last August, became president of Southern Illinois University at Carbondale on December 1.

Aiding the executive committee of the Board of Visitors in the search is a Presidential Search Assistance Committee headed by Dr. H. I. Willett, consultant to the former president. The seventeen-member committee, representing all segments of the university (administration, faculty, staff, students, and alumni), is screening candidates for the post. The nationwide search includes nominees and applicants from within the institution as well as without.

According to the list of qualifications outlined by the Board of Visitors, the new president "should have demonstrated administrative ability, possess financial skills and the power to communicate and relate easily with various segments of the University, governmental agencies and our many publics." In addition, the new president is expected to be "a person of recognized stature who is capable of being flexible and giving bold, innovative leadership in the academic and health sciences programs."

The search for the new president began in earnest last November with the mailing of some 300 letters to institutions, organizations, associations, and others soliciting nominations for the position. Notices about the opening also appeared in various professional publications, among them the *Chronicle of Higher Education* and the *Register of Affirmative Action*.

While the actual number of applications and nominations for the position has not been announced, Dr. Willett does report that his committee has received "a very positive response."

Once the committee has completed its preliminary screening, the executive committee of the Board of Visitors will join in the review process to decide candidates to be recommended to the entire board. No deadline has been set for the naming of a new president; however, Dr. Willett indicates that progress has been made in the thorough search for a new chief administrator.

In addition to Dr. Willett, members appointed to the Presidential Search Assistance Committee by the Board of Visitors include the committee running the university in the interim: T. Edward Temple, vice president for development and university relations, Dr. M. Pinson Neal, provost of MCV; and Dr. Francis J. Brooke, provost of the Academic Campus.

Academic deans serving on the search assistance committee are Dr. Herbert J. Burgart, School of the Arts, and Dr. John A. DiBiaggio, School of Dentistry.

Representing the faculty of the Academic Campus are Dr. William E. Blake, Jr. and Mrs. Florence Z. Segal. The two MCV faculty representatives are Dr. William L. Banks, Jr. and Dr. A. Jarrell Raper.

Miss Wendy Anne Winters and W. Edward Darby represent the students from the Academic and MCV campuses, respectively. Dr. Timothy Langston, dean of student services, also is a committee member.

Employees of the university and hospitals are represented by Mrs. Anne Goodman, assistant director of personnel, and Mrs. Marguerite Jordan, assistant director of nursing services, respectively.

The two alumni representatives are Charles B. McFee, Jr., president of VCU Alumni Association (Academic Division), and Dr. O. T. Graham, president of MCV Alumni Association.

Crafts of cotton, wood and clay

Three craftsmen from VCU have been selected to represent the United States in an international exhibition of contemporary crafts which opens May 10 in Colorado. Those chosen from the VCU crafts department are Thomas C. Siefke, a teacher of textile design; Alphonse Mattia, an instructor in furniture design; and Dave Williamson, a graduate student in ceramics.

The exhibition, "Contemporary Crafts of the Americas: 1975," will include works by 287 craftsmen from twenty-one countries in North America, South America, and the West Indies. Sponsored by the National Endowment for the Arts and by Colorado State University, the exhibition will be one of the largest craft shows to be held in the United States within the past fifteen years. Participants in the exhibition were chosen by artists from countries throughout the world.

Siefke's entry in the show will be two pieces of woven, plaited cotton webbing which will be hung from the ceiling, forming a sculpture in the round.

Mattia will enter a pair of hand carved bow saws made of teakwood, greenheart, and boxwood with machined aluminum parts.

Williamson will exhibit his raku-fired ceramic container entitled "River Valley No. 1."

The exhibit will be at State University Galleries in Fort Collins, Colorado, through May 30. The exhibit then will move to the Pan American Building in Washington, D.C., for the summer months, after which time the Smithsonian Institute will select 100 pieces from the show to tour the United States and Canada.

Heart transplants number ten

Surgeons at the Medical College of Virginia believe they now have a more effective agent for use in preventing heart transplant patients from rejecting their new organs. The agent, called antithymocyte globulin, or ATG, has resulted largely from research conducted at MCV and has been used successfully with kidney transplant patients at the hospital for the past two and a half years.

The new antirejection agent was given to two heart transplant patients at MCV last November. One of the patients, Mrs. Jennie E. Alexander of Richmond, is in satisfactory condition after receiving her new heart more than three months ago. The second transplant patient, a forty-year-old Maryland man, died in January after he was unable to overcome an infection.

Ten heart transplant operations have been performed at MCV since 1968. In addition to Mrs. Alexander, the only other survivor is Arthur F. Gay of Washington, D. C., who received his new heart more than two years ago. Louis B. Russell, Jr. of Indianapolis, who underwent a heart transplant at MCV in 1968, died November 27, 1974, of a heart attack. Until the time of his death, Russell was the world's longest surviving heart transplant recipient.

At the time that Russell received his new heart six years ago, doctors had given him only a 10 percent chance of surviving one year with the transplanted heart. Today, the one-year survival rate is between 50 and 65 percent.

Public enemy number one

The Department of Rehabilitation Counseling has received a $215,648 grant to develop the state's first comprehensive alcoholism training program. The two-year grant, awarded by the Bureau of Alcohol Studies of the Virginia Department of Health, is being used to train professionals and paraprofessionals who deal with alcoholics.

Three undergraduate and graduate level courses are being offered each semester for counselors, mental health and hospital professionals, law enforcement officials, and corrections and probation personnel. In addition, workshops are being held throughout the state.

According to Dr. Richard E. Hardy, chairman of the rehabilitation counseling department, there are an estimated 120,000 alcoholics in Virginia. Alcohol, says the professor, "is our number one public enemy in the area of drugs. Although many people don't think of alcohol as a drug, it is. In fact, it's the most detrimental of all drugs," explains Dr. Hardy.

Parking is easier at MCV

Finding a parking space on either campus of Virginia Commonwealth University can be a frustrating experience for commuting students and visitors alike. However, the opening of a new parking facility in December has eased parking problems on the MCV campus.

The new parking deck, located on Thirteenth Street behind MCV North Hospital, can accommodate 1,750 cars on its seven levels. According to the architects, Wilbur Smith and Associates of Columbia, South Carolina, the parking deck is the largest in the southeast. The only other deck of similar size, they report, is being built at Grady Hospital in Atlanta.

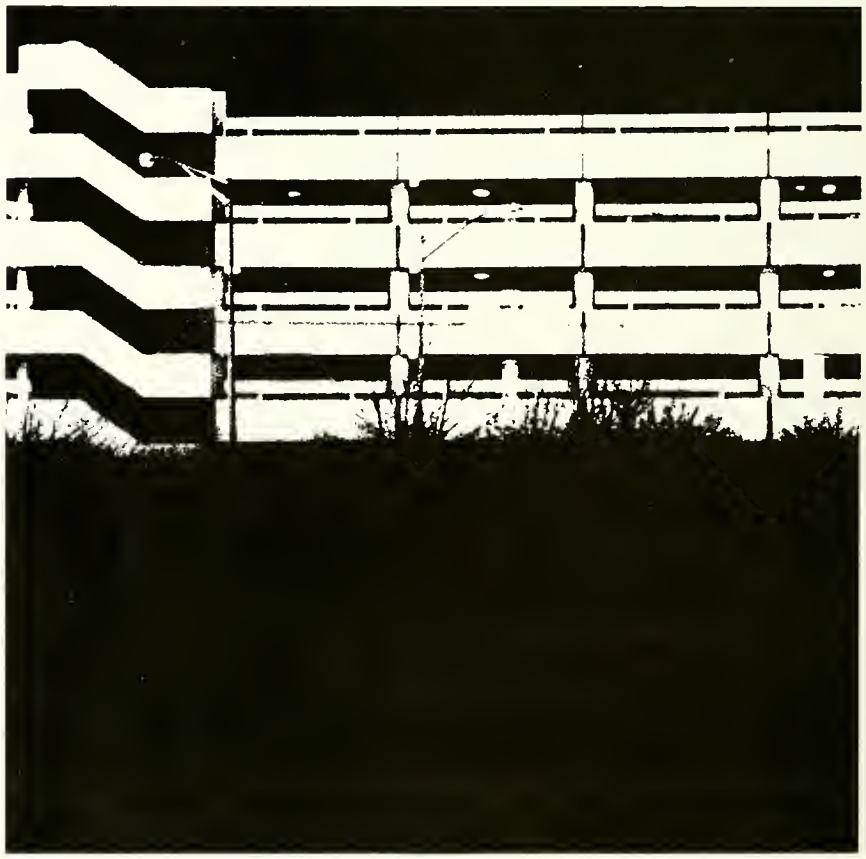
Construction of the $5.25 million facility took two years to complete. The new parking spaces are spread over fourteen acres of surface built with 1,960 tons of reinforced steel and 24,000 yards of concrete. Frank E. Faulhaber, director of buildings and grounds at VCU, said the same amount of concrete could have built a sidewalk thirty-seven miles long, ten feet wide, and four inches thick.

The opening of the new parking deck for employees at MCV released an existing 500-space parking deck across the street for use by visitors and patients. Prior to the opening of the new deck, the only parking available for visitors primarily was on the street.

A hefty $14 million for research

Virginia Commonwealth University received more than $14 million from governmental agencies and private foundations last year for various research projects. That amount was $2 million more than the university received in 1973.

Research at the Medical College of



MCV parking deck is the largest in the southeast.

Virginia received the lion's share of the funds—a total of $12 million. Seven million dollars was allocated for research projects at the School of Medicine. The other five schools on the MCV campus—Basic Sciences, Allied Health, Nursing, Pharmacy, and Dentistry—shared the remaining five million. The funds went to support research into cancer, organ transplantation, drug abuse, and health care delivery.

The Academic Division of VCU received research funds of almost $2 million, up from the $1.5 million received in 1973. Extensive research projects are underway in the Schools of Community Services, Social Work, and Education.

Most of the $14 million received in 1974 came from federal agencies. Support from private foundations dropped from $700,000 in 1973 to $427,000 last year.

Good-bye to Dean Pearse

Dr. Warren H. Pearse, dean of the School of Medicine since 1971, has resigned in order to become executive director of the American College of Obstetricians and Gynecologists (ACOG). He will assume his position with the Chicago-based organization on July 1, 1975. ACOG, the largest international organization of health professionals in the fields of obstetrics and gynecology, has a membership of 16,000 physicians and 12,000 nurses.

During his tenure at MCV/VCU, Dr. Pearse has been successful in filling key faculty positions with nationally-recognized specialists. Several new programs designed to meet Virginia's increasing health manpower needs have also been established.

Prior to his coming to VCU, Dr. Pearse had been associated with the University of Nebraska College of Medicine. In his new position Dr. Pearse will hold a position of national leadership in his area of speciality, obstetrics and gynecology.

The facts are in the figures

A recent survey conducted by the VCU Alumni Activities Office reveals that more health professionals in Virginia are graduates of MCV than of any other institution. While the pronouncement may not be totally surprising, the figures, nevertheless, are revealing.

More than 60 percent of the 2,100 practicing dentists in the commonwealth are graduates of MCV/VCU's School of Dentistry. Of the 3,318 pharmacists in Virginia, more than 45 percent graduated from the School of Pharmacy. Each school is the only one of its kind in the state.

Twenty-three percent, or 1,513, of the 6,602 physicians practicing in the commonwealth are graduates of MCV. According to Dr. Warren H. Pearse, dean of the MCV School of Medicine, the University of Virginia produced the next largest percentage of physicians in the state, 16.5 percent. Medical schools at George Washington University, Georgetown University, Duke University, and the University of Maryland each educated more than 100 of Virginia's practicing physicians. Dr. Pearse also reported that 1,000, or 15 percent, of the state's practicing physicians are graduates of medical schools located outside the United States.

A survey of 127 chief executive hospital administrators in the state who belong to the Virginia Hospital Association showed that 40 of them are graduates of the university. Herman L. Mullins, an associate professor in the state's only hospital and health administration program, said that if all hospital administrators in Virginia were counted, approximately 50 percent of them would be products of the MCV graduate program.

In the field of occupational therapy there are 275 practicing therapists in the commonwealth. According to Cornelius A. Kooiman, chairman of the occupational therapy department, 148 of them are MCV/VCU alumni.

The State Board of Medicine reported that Virginia has 603 registered physical therapists. Of that number, the board said that 250, or 41.5 percent, are MCV graduates.

The Alumni Activities Office at VCU gathered the above information for its records and for use by those conducting research on professions in Virginia. Additional information is being compiled on other professions related to schools within the university.

Alumni Associations

VCU (Academic Division)

The Virginia Commonwealth University Alumni Association (Academic Division) continues to assist the university in many ways. Members serve on various university committees and contribute viewpoints from the perspective of those who have studied at the university.

A nominating committee, charged with the responsibility of nominating seven new alumni association directors for three-year terms, has been appointed. Those serving on the committee include Gordon P. Bruce '49, Virginia M. Diradour '65, Jerard W. Roesner '67, '73, George E. Stone III '66, and George R. Woltz '59. Suggestions from members for nominations are welcome and should be addressed to me in care of the VCU Alumni Activities Office, 828 West Franklin Street, Richmond, Virginia 23284.

This spring the Alumni Award will again be presented to the outstanding member of the graduating class. The recipient is selected by the Honors and Awards Committee of the university for his or her outstanding demonstration of leadership, scholarship, and service.

I am grateful to the many individual alumni who I have had the opportunity to meet. Their suggestions and expressions of support of the university are gratifying. It is, however, impossible to meet all who studied at the Academic Division of VCU. I sincerely hope you will take the time to write to us about your activities and ideas. We are all dedicated to serving our alma mater, and she needs us.

Charles B. McFee, Jr. '65
President

Hospital Administration

Members of the Alumni Association of the Department of Hospital and Health Administration gathered in Chicago February 27-March 1 to attend the American College of Hospital Administrators' Congress. This meeting has become a very special occasion for MCV and the hospital administration alumni. At this meeting Robert S. Hudgens, former director of the School of Hospital Administration, and Charles P. Cardwell, Jr., former director of MCV Hospitals and a co-founder of the School of Hospital Administration, were honored.

On February 28 alumni and friends of Mr. Cardwell met for the third annual "Charles P. Cardwell, Jr. Lecture." The guest lecturer was Richard J. Stull, president, American College of Hospital Administrators. Ray E. Brown, executive vice president of Northwestern University's McGaw Medical Center, and Alex McMahon, president of the American Hospital Association, were the two previous guest lecturers.

At a luncheon meeting of all participants of the congress, the hospital alumni honored the recipient of the 1975 Robert S. Hudgens Memorial Award for the outstanding young hospital administrator. This award is presented annually to an administrator under the age of thirty-six who has demonstrated exceptional administrative competence as reflected in leadership, management, motivation, and innovation. Candidates for this award are nominated by directors of graduate programs in hospital administration throughout the country. A special five-man ACHA committee selects the winner.

We were pleased to see many of our alumni and friends of these two great gentlemen at these events.

William H. Green, Jr. '61
President

School of Social Work

The School of Social Work alumni board held its second open meeting of the year January 28, 1975, at the Holiday Inn, 301 West Franklin Street, Richmond, The advisory board to the school was invited, and the two boards participated in an exchange of ideas and plans for the future of the school.

The alumni board is working closely with the School of Social Work in getting the Stuart Gluck Memorial Library stocked and functioning. This project is progressing well at this time.

The School of Social Work will be sixty years old in 1977, and plans are being made to have an anniversary celebration.

The next open meeting of the alumni board will be held in Norfolk during the annual conference of the Virginia Council on Social Welfare (VCSW). School of Social Work alumni are invited to attend the dinner meeting April 23 at 6:30 p.m. at the Holiday Inn SCOPE. The program will consist of a panel discussion entitled, "Coordinating the Kaleidoscope Profession: Social Work." Panelists will be Otis L. Brown, secretary of human resources for the commonwealth of Virginia; L. Douglas Wilder, state senator from Richmond; and Dr. Eloise Hahn, director of the Memorial Guidance Clinic in Richmond. Mrs. Flossie Segal, director of continuing education for the School of Social Work, will be the moderator. The price of the buffet dinner is $8; reservations may be made through the VCSW.

Linda Anne Absher '74
Secretary

Nursing

Greetings to all nursing alumni. Our numbers have grown considerably this past year. With the revision of the bylaws in June, 1974, eligibility for nursing alumni membership became open to graduates of all programs of the Medical College of Virginia, graduates of the Saint Philip School of Nursing, and graduates of the Richmond Professional Institute program. So ask all your friends from these programs to join the Nursing Alumni Association. This year we hope to have an active program which will benefit as many alumni as possible. For more information on how to become an active member, write the VCU Alumni Activities Office, 828 West Franklin Street, Richmond, Virginia 23284, or call (804) 770-7124.

The Nursing Lectureship speaker this year will be Madeliene Leininger. I hope all of you will plan to join us in the fall for this event.

As the new president of the nursing alumni, I would like to have your suggestions for a more responsive alumni association. The association should try to meet the needs of its members. Let me know what your specific needs are in relation to alumni activities. Write to: Ellen Manson, P. O. Box 204, Washington, Virginia 22747. Your thoughts and ideas will be greatly appreciated.

Ellen C. Manson '67
President

Whatever happened to...

1920s

Cordelia Cox (social work '22) has entered the Peace Corps. She will be in Western Samoa for two years working with the school system to develop a social studies curriculum for junior and senior high school students.

1930s

Bell Worsham (art history '39) had her work exhibited at the ninth annual Artists and Craftsmen Show at the First Unitarian Church in Richmond.

1940s

Jane Lyon (art '40) had a display of her work at the Anderson Gallery at VCU. A noted painter and printmaker, Miss Lyon owns a studio in Savannah where she teaches printmaking. Examples of her work have been published widely.

H. M. Cooke (medicine '41) has retired as medical director of the Smyth-Washington-Bristol Health District. He has served as director of the Virginia medical district since 1965.

Ulysse Desportes (fine arts'42) was the guest speaker at a recent meeting of the Waynesboro chapter of the Virginia Museum of Fine Arts. Desportes is presently professor of art at Mary Baldwin College.

Jacob S. Huffman (medicine '42) had a street (Huffman Drive) named after him in Dayton, Virginia, recognizing his service to the town. Dr. Huffman has been practicing medicine in Dayton since 1945.

Earle W. Strickland (dentistry '43) has been appointed to a seat on the Isle of Wight County Board of Supervisors as the Windsor District representative. He also serves as a member of the county's planning commission. Dr. Strickland has practiced general dentistry in Zuni, Virginia, since 1946.

Martha Jane Shands Albus (fine arts '45) had an exhibit of her work at the ninth annual Artists and Craftsmen Show at the First Unitarian Church in Richmond.

Robert W. Irvin, Jr. (medicine '48), now director of obstetrics and gynecology at Roanoke Memorial Hospital, has been cited by the U. S. Army for "meritorius performance of duties" while deputy commander of Letterman Army Medical Center in San Francisco. Dr. Irvin retired from the Army in 1974 after twenty-five years service, during which time he rose to the rank of colonel.

Norma Jackson Szumski (costume design '49) had an exhibit of her work at the ninth annual Artists and Craftsmen Show at the First Unitarian Church in Richmond.

1950s

Don A. Hunziker (business '51) recently was elected president of Lea Industries of Richmond. Hunziker joined the furniture manufacturing company in 1956 as director of industrial relations. Since 1971, he has been vice president of manufacturing.

George A. Bowles, Jr. (business '52) is editorial page editor of the *Charlottesville Progress* and writes a political column, "Virginia Commentary," which appears in the newspaper each Sunday.

R. Don Rowe (pharmacy '52) has opened the new Dublin Medical Clinic Pharmacy in Radford, Virginia. Rowe is head pharmacist, owner, and manager of the pharmacy. Prior to opening his own business, he was a pharmacist for a drug store and chief pharmacist at Radford Community Hospital.

Carl E. Larsen (art '54) had a display of his art work at the Basic United Methodist Church bazaar in Waynesboro, Virginia. Larsen taught art at VCU for five years before he became an editorial cartoonist for the *Richmond Times-Dispatch*. He is also an artist, a church school teacher, art editor for the *Commonwealth* magazine, a teacher of block printing, and in demand as an illustrative speaker.

Nancy Mitteldorfer (sociology '54) has been selected equal opportunity officer for United Virginia Bankshares in Richmond. In her new position she manages the corporation's equal opportunity program, working with minorities and women. She joined the bank in 1971.

Peggy Abbott Miller (costume design '55) has a shop in Williamsburg which specializes in historical clothing patterns. She also has written a book on the subject.

Carl S. Napps (master of hospital administration '56) recently was named president-elect of the Virginia Hospital Association. Napps has been administrator of Winchester Memorial Hospital since 1961.

Eugene D. Nolley (medicine '56) was elected president of the medical staff of King's Daughters' Hospital in Staunton, Virginia. Dr. Nolley also has a practice at the Churchville Medical Center.

Donald L. Welker (business '57) has been promoted to vice president of Central National Bank in Richmond. Welker, who joined the bank in 1959, is involved in financial research.

Evelyn Shifflett Barnes (distributive education '58) has been appointed associate professor of distributive teacher education at VCU. Dr. Barnes previously was associated with the center for vocational and technical education at Ohio State University and served as a teacher and teacher consultant for the Richmond public schools. She recently returned to the United States after an assignment as a vocational-technical curriculum specialist for the ministry of education in Ethiopia.

H. Lynn Moore, Jr. (medicine '58) spoke at the annual fall conference of the Virginia Extension Homemakers Council. Dr. Moore practices at the Mint Spring Clinic near Staunton, Virginia.

Murray A. Moore, Jr. (pharmacy '58) has been named store manager of the new Peoples Drug Store in Essex Square Shopping Center in Tappahannock, Virginia. Moore has been with Peoples since 1972 and was most recently assistant manager of a Peoples store in Richmond. Prior to that, he managed the Riverside branch of the Medical Services Stores for twelve years.

William M. Moore (advertising '58, M. S. distributive education '70) has been named state supervisor of adult education by the Virginia State Department of Education.

Emile Cahen, Jr. (art '59) had an exhibit of his work at the ninth annual Artists and Craftsmen Show at the First Unitarian Church in Richmond.

Paul M. Kline (master of fine arts '59) had a piece of sculpture selected for the "National Sculpture: '74" show organized by the Southern Association

of Sculptors. He is currently chairman of the Bridgewater College art department.

John Kontopanos (dentistry '59) was a guest speaker at a recent meeting of the Lynchburg Dental Society. The topic discussed was clinical hypnosis. Kontopanos is presently director of the Virginia Hypnotherapy Clinic and also has a private practice in Richmond.

1960s

David R. Gibbs (commercial art '61) is president of the Design Group, Gibbs-Wheeler Associates in Greensboro, North Carolina. Gibbs formed the design studio in 1968. His graphic design work for Guilford College, as well as other colleges and universities, has been cited for excellence by the American Alumni Council and the American College Public Relations Association.

Richard E. Hardy (M.S. rehabilitation counseling '62), chairman of the department of rehabilitation counseling at VCU, has received a national citation for his contribution to literature in rehabilitation. Dr. Hardy, along with Dr. John C. Cull of Stuarts Draft, Virginia, has edited, authored, and published twenty-six books on various aspects of rehabilitation.

Paul T. Steucke (commercial art '62) has been named the new public information officer for the Federal-State Land Use Planning Commission for Alaska. Steucke is the recipient of numerous awards including the competitive Virginia Museum Fellowship Award. His artistic and photographic talents are widely recognized and his works have been published in many national publications.

Charles M. Suttenfield (medicine '62) has opened a practice in ophthalmology in Lynchburg.

Charles E. Arnold and **Suzanne Kilgore Arnold** (commercial art '63) had exhibits of their work at the ninth annual Artists and Craftsmen Show at the First Unitarian Church in Richmond.

Lucie I. Cooper (M.S. distributive education '63) recently taught a class on distributive education for Staunton, Virginia, businessmen and their employees. She presently is adult distributive education teacher for the Virginia Department of Vocational Education.

A. Carole Hagaman (pharmacy '63) has been appointed to fill a vacancy on the Blackstone, Virginia, town council. Mrs. Hagaman, who is employed at the B&M Drug Store in Crewe, also is a licensed pilot and is a prize-winning seamstress and cook.

Archie T. Johnson, Jr. (medicine '63) spoke at the second annual Lynchburg Perinatal Day at the Lynchburg Fine Arts Center. Dr. Johnson is neonatologist and associate professor of pediatrics at the University of North Carolina School of Medicine. He is also the author of several publications on pediatrics and medical education.

Gerald A. Saunders (accounting '63), general auditor for First & Merchants Corporation in Richmond, recently was awarded the designation of chartered bank auditor by the Bank Administration Institute. Saunders had to pass four examinations designed to measure understanding of accounting, auditing, law, economics, and management.

L. W. Custalow (medicine '64) recently spoke to the Daughters of the American Revolution in Newport News, Virginia. He discussed the health care and rehabilitation of the American Indian. Custalow, who was born on the Mattaponi Indian Reservation in King William County, is also a member and one of the founders of the Association of American Indian Physicians.

Donald T. Erwin (medicine '64), a native of Bristol, Virginia, recently provided volunteer medical service to hurricane victims in Honduras. He is associated with the Oschner Clinic in New Orleans.

James B. Corbin (pharmacy '65) is secretary of the newly formed Martinsville Disco Drug Centers. Corbin and three other area pharmacists formed the company and will operate four stores in the Martinsville area.

Wallace S. Edwards (dentistry '65) has joined the faculty of the University of Georgia as an associate professor in the School of Dentistry. Edwards was an assistant professor at MCV when he resigned in 1973 to study at the University of Iowa. He received his master's degree in education physiology last year.

Emmett W. Gowin II (commercial art '65) was featured in an article about photography in the October 21, 1974, issue of *Newsweek* magazine. Last year Gowin won a Guggenheim Foundation grant, and he taught a course on the art of photography at Princeton University. Acknowledging that Gowin "already occupies a special place in American photography," *Newsweek* described his pictures as "subtle, provocative," and "often difficult to understand." Several of Gowin's pictures were recently included in a photography exhibit at VCU's Anderson Gallery.

Charles D. McCall (business '65) has been elected a vice president of Wheat, First Securities. He has also been named assistant branch manager of the recently combined downtown and West End sales offices of the Richmond firm.

David E. Smallwood (chemistry '65) has been named manager of international quality assurance for the A. H. Robins Company in Richmond. Smallwood joined the pharmaceutical firm in 1966 and previously served as a senior quality assurance chemist.

George Washington, Jr. (business administration '65) and **J. Kemp Smith** (business administration '66) have been made assistant vice presidents of Union Bank and Trust Company in Bowling Green, Virginia. Washington joined the bank in 1968; Smith, in 1966.

Helena Corbett Gee (M.S. rehabilitation counseling '66) recently became the first recipient of the Virginia Nurses' Association's new Outstanding Member Award. Mrs. Gee is director of the School of Nursing at Johnston-Willis Hospital in Richmond.

Anne L. Locke (sociology/social welfare '66) spoke on employment opportunities at a recent meeting of the American Association of University Women in Winchester. She is currently an employment and claims interviewer with the Virginia Employment Commission in Winchester.

Rudolph O. Shackelford (composition and organ '66) was awarded first prize in the 1974 Spokane Expo Composition Contest for an organ solo. Dr. Shackelford's work is to be published by Belwin Mills in 1975.

Martha C. Booker (nursing '67) is one of the first nurse practitioners to be employed in the Richmond area. The main purpose of the nurse practitioner is to do the routine work for the physician so he can make more efficient use of his time. Miss Booker is on the staff of Richmond Memorial Hospital.

Rennie W. Bridgman, Jr. (general business '67) has been appointed chief probation and parole officer for

District Seven headquartered in Petersburg. He will be responsible for supervising seven field officers in a ten-county area of Southside Virginia.

Harris W. Daniel (master of social work '67) has been named director of outpatient services for the Regional Mental Health Center in Kokomo, Indiana.

Clifford D. Jordan (master of music education '67) was selected to serve as organist for the dedicatory service of the Washington, D. C., temple of the Church of Jesus Christ of Latter-Day Saints. Jordan traveled around Virginia to train an eighty-voice choir to sing at the Morman Temple dedication service. He is currently principal of Colonial Heights Junior High School.

Timothy N. Thomes (English '67) is director of "Terminal," a multi-media collage with a central theme of changing and aging. The collage recently was presented at the Church of the Resurrection in Norfolk. Thomes has served as director of drama for the City of Norfolk Summer Little Theater and Lake Wright Dinner Theater.

James R. Hines (master of music '69) has organized a new music group, the Norfolk Camerata. The twelve-member group, all from the Norfolk area, will perform vocal music of the late Middle Ages and Renaissance. Dr. Hines received his Ph.D. last year from the University of North Carolina at Chapel Hill and did his thesis on the history of Norfolk music.

Markus M. Rissi (history '69) received the Silver Award at the seventeenth International Film and TV Festival in New York for his documentary film *Zeit zeitgemaess messen.* Rissi lives in Zurich, Switzerland.

Doris Walker Woodson (master of fine arts '69) had an exhibition of eleven mixed media paintings at Bridgewater College in Bridgewater, Virginia. Mrs. Woodson is assistant professor of fine arts at Virginia State College in Petersburg.

William L. Younger, Jr. (advertising '69) has been appointed account executive with the Chesapeake Advertising Agency. Younger's main role is in new business solicitation as well as servicing current Chesapeake accounts.

1970s

Catherine Mooklar Courtney (nursing '70) has been appointed head of the associate degree program at Virginia's Rappahannock Community College.

J. Michael Herndon (accounting '70) has been named comptroller of Mary Baldwin College in Staunton, Virginia. Since 1970, Mr. Herndon has been associated with Coopers & Lybrand, Certified Public Accountants, in Richmond.

Linda Clark Rice (medical technology '70) and her husband, James, have been appointed by the Southern Baptist Foreign Mission Board in Richmond to serve as missionaries in Uganda. They currently are students at Southwestern Baptist Theological Seminary in Fort Worth, Texas.

James C. Barnett (master of hospital administration '71) has been appointed assistant administrator of the General Hospital of Virginia Beach. He is a native of Danville.

Michael P. Fling (recreational leadership '72) is district probation and parole officer in Front Royal, Virginia. Prior to his appointment, Fling worked at the Virginia Penitentiary as a recreation supervisor. He is a native of Fauquier County.

Robert L. Foster (pharmacy '72) is the new pharmacist at Glendale Pharmacy in Amherst, Virginia. He is a native of Lynchburg.

J. Allen Gorman (master of hospital administration '72) has been cited for his outstanding duty performance at Andersen Air Force Base, Guam. He currently is administrator of the USAF Hospital Griffiss in New York.

Richard J. McCann (English '72) is spending four weeks visiting the Virginia Beach junior high schools telling stories, reading poetry, and bringing imagination into the classroom. McCann, who has had several of his poems published, is doing this as part of the city's Poet in the Schools program.

Floyd L. Lane, Jr. (business administration '72) has been promoted to senior assistant bank examiner with the Federal Deposit Insurance Corporation in Richmond.

Bryan G. Wells (chemistry '72, M.S. chemistry '74) recently joined the agricultural division of Ciba-Geigy Corporation in Greensboro as an analytical chemist. Wells previously was an analytical chemist with Consolidated Laboratories in Richmond.

Jack C. Wheless (drafting and design technology '72) had an exhibit of his work at the ninth annual Artists and Craftsmen Show at the First Unitarian Church in Richmond.

G. Wayne Woodcock (math '72) has been named branch manager of the Richmond office of Process-Pneumatics Corporation. Woodcock, who previously served as a sales engineer for the firm, is responsible for marketing activities and engineering services for Virginia.

William H. Edwards (communication arts and design '73) is art director for the Design Group, Gibbs-Wheeler Associates in Greensboro, North Carolina. Edwards has received several awards in design and film making.

William L. Satterwhite (business administration '73) was elected assistant cashier of Union Bank and Trust Company in Bowling Green, Virginia. Satterwhite joined the bank in 1973.

Jane Coleman Wells (painting/printmaking '73) had an exhibit of her work at the ninth annual Artists and Craftsmen Show at the First Unitarian Church in Richmond.

Sterling G. Williams, Jr. (dentistry '73) has become associated with the Winchester dental office of Drs. Comstock and Gordon. Williams, a native of Norfolk, was in practice in Fort Lauderdale, Florida, before returning to Virginia.

Linda J. Woolford (art education '73) recently taught a special five-week course in graphic art and photography for the Staunton Fine Arts Association. She is employed as an art teacher at Stuart Hall.

Leanora Stoneman Goodwin (psychology '74) recently led a workshop on transactional analysis at Hopewell High School. Mrs. Goodwin is a member of the International Transactional Analysis Association and a candidate for clinical membership in the organization.

Elizabeth A. Hanna (painting/printmaking '74) has joined the faculty of Dabney S. Lancaster Community College near Covington, Virginia. Miss Hanna will serve as a counselor for the Upward Bound Program. She is a native of Michigan.

Eleanor Sue Moore (pharmacy '74) has been named the hospital pharmacist at St. Mary's Hospital in Norton, Virginia. She is a native of Jonesboro, Tennessee.

1975 Alumni Travel Program

VCU alumni have their choice of four exciting tours during 1975. Ireland, Copenhagen, Rome, and Bavaria are only a few, short hours away after your departure from Washington's Dulles Airport.

Ireland

April 4—12, 1975

The Emerald Isle will be yours to explore for seven leisurely days. You'll divide your time between the hospitable cities of Dublin and Limerick, where you can shop for fine linens, tweeds, and woolens. Tours to the countryside and to Killarney Lakes will reveal some of Ireland's scenic beauty. You'll even feast at a medieval banquet in an Irish castle!

Copenhagen

June 22—30, 1975

The fairy-tale land of Hans Christian Andersen is yours on this eight-day visit to Denmark's capital city. See the famed "Little Mermaid" statue overlooking the harbor and stroll through beautiful Tivoli Gardens located in the heart of Copenhagen. Tour the charming countryside dotted with royal castles, thatched cottages, and rose-walled houses. And if there is more of Scandinavia that you want to see, Oslo and Stockholm are just short hops away.

Rome

August 15—23, 1975

During your Rome adventure, you'll stay within walking distance of the lovely Borghese Gardens and the renowned Via Venetto. Of course, you'll want to see the splendors of ancient Rome: the Forum, the Coliseum, and the Pantheon. The Vatican Museum and Michelangelo's inspiring Sistine Chapel are sites you'll remember for a lifetime. Optional tours to Florence and Pompeii are also available.

Bavarian Holiday

September 15—23, 1975

Your home for the week will be a comfortable inn in the Alps in the small Bavarian village of Inzell, not far from Munich and Salzburg. You'll have the free use of a rental car with unlimited mileage to explore the magnificent scenery in nearby Austria, Italy, and Switzerland. And you'll have the chance to enjoy the region's famous fall festival, Oktoberfest.

For more information about these tours, please contact the VCU Alumni Activities Office, Virginia Commonwealth University, 828 West Franklin Street, Richmond, Virginia 23284. Telephone: (804) 770-7124.

CLASS RINGS

If you missed getting a class ring while you were in college, you now can order a ring with your year of graduation on it. Rings are available in a wide variety of styles for both men and women. For more information and an order kit (please specify man's or woman's), contact the Alumni Activities Office, Virginia Commonwealth University, 828 West Franklin Street, Richmond, Virginia 23284. Telephone: (804) 770-7124.

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